

Monkeypox

2022 Case Definition (North Carolina)

Clinical Criteria

- A person presenting with new onset of:
 - clinically compatible rash lesions*; OR
 - lymphadenopathy or fever**

*The presence of clinically compatible rash lesions should be combined with either a higher or lower epidemiologic linkage criterion for case classification.

**A person presenting with lymphadenopathy or fever without any clinically compatible rash lesions must meet a higher risk epidemiologic risk criterion for case classification.

Laboratory Criteria

- Confirmatory laboratory evidence:
 - Detection of MPXV nucleic acid by molecular testing in a clinical specimen; OR
 - Detection of MPXV by genomic sequencing in a clinical specimen.
- Presumptive laboratory evidence:
 - Detection of orthopoxvirus nucleic acid by molecular testing in a clinical specimen AND no laboratory evidence of infection with another non-variola orthopox virus; OR
 - Detection of presence of orthopoxvirus by immunohistochemistry in tissue; OR
 - Detection of orthopoxvirus by genomic sequencing in a clinical specimen; OR
 - Detection of anti-orthopoxvirus IgM antibody using a validated assay on a serum sample drawn 4-56 days after rash onset, with no recent history (last 60 days) of vaccination***.
- Supportive laboratory evidence:
 - N/A

***Recent administration of ACAM2000 and Jynneos needs to be considered when interpreting an antibody titer. RABORAL V-RG is an oral rabies vaccine product for wildlife, is a recombinant vaccinia virus, and could lead to an antibody response in an individual exposed to the liquid vaccine; this is expected to be an extremely rare occurrence.

Note: The categorical labels used here to stratify laboratory evidence are intended to support the standardization of case classifications for public health surveillance. The categorical labels should not be used to interpret the utility or validity of any laboratory test methodology.

Epidemiologic risk factors within 21 days of illness onset:

- Higher Risk Epidemiologic Linkages

- Contact, without the use of appropriate PPE‡, with a person or animal with a known orthopoxvirus or MPXV infection; OR
 - Contact, without the use of appropriate PPE‡ or Biosafety Level protocols‡, with laboratory specimens or other items that could serve as fomites that have been in contact with a person or animal with a known orthopoxvirus or MPXV infection; OR
 - Member of an exposed cohort as defined by public health authorities experiencing an outbreak (e.g., participated in activities associated with risk of transmission in a setting where multiple cases occurred).
- Lower Risk Epidemiologic Linkages
 - Member of a cohort as defined by public health authorities experiencing monkeypox activity; OR Council of State and Territorial Epidemiologists 22-ID-10 7
 - Contact with a dead or live wild or exotic pet animal of an African species, or used or consumed a product derived from such an animal (e.g., game meat, powders, etc.); OR
 - Residence in or travel to a country where monkeypox is endemic.

‡The language “without the use of appropriate PPE or Biosafety Level protocols” includes breaches in the recommended PPE and deviations from appropriate BSL protocols.

Case Classifications:

- **Confirmed:**
 - Meets confirmatory laboratory criteria
- **Probable:**
 - Meets presumptive laboratory criteria
- **Suspect:**
 - Meets clinical criteria AND epidemiologic criteria^ AND no evidence of a negative test for either non-variola orthopoxvirus or MPXV

^The presence of clinically compatible rash lesions should be combined with either a higher or lower epidemiologic linkage criterion for case classification. A person presenting with lymphadenopathy or fever without any clinically compatible rash lesions must meet a higher risk epidemiologic risk criterion for case classification.

Criteria to distinguish a new case of this disease or condition from reports or notifications which should not be enumerated as a new case for surveillance:

- For surveillance purposes, a new case of MPXV infection meets the following criteria:
 - Healthy tissue has replaced the site of all previous lesions after they have scabbed and fallen off; AND
 - New lesions are present which have tested positive for orthopoxvirus or MPXV DNA by molecular methods or genomic sequencing.